


SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input checked="" type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number MOR 000040964		
3. Site Name (page 10)	Name: SULLIVAN PRECISION METAL FINISHING		
4. Site Location Information (page 10)	Street Address: 995 NORTH SERVICE ROAD WEST		
	City, Town, or Village: SULLIVAN	State: MO.	
	County Name: FRANKLIN	Zip Code: 63080	
5. Site Land Type (page 10)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. 332813	B. 	D.
	C.		
7. Site Mailing Address (page 11)	Street or P. O. Box: SAME		
	City, Town, or Village:		
	State:		
	Country:	Zip Code:	
8. Site Contact Person (page 11)	First Name: EARL	MI: F	Last Name: SHELSEY
	Phone Number: 573-468-8049 Extension: 106		Email address:
9. Operator and Legal Owner of the Site (pages 11 and 12)	A. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: NEW FRONTIER HOLDING		Date Became Owner (mm/dd/yyyy): DEC 2001
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

 24 MAR 2004
 TS TH. CR
 QC/QA

9. Legal Owner (Continued) Address	Street or P. O. Box: 995 NORTH SERVICE ROAD WEST	
	City, Town, or Village: SULLIVAN	
	State: MD	
	Country: FRANKLIN	Zip Code: 63080

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 12 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☐ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☐ d. United States Importer of Hazardous WasteY ☐ N ☐ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☐ 2. Transporter of Hazardous WasteY ☐ N ☐ 3. Treater, Storer, or Disposer ofHazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☐ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace ExemptionY ☐ N ☐ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☐ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☐ 1. Used Oil Transporter

If "Yes", mark each that applies.

☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☐ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

☐ a. Processor
☐ b. Re-refinerY ☐ N ☐ 3. Off-Specification Used Oil BurnerY ☐ N ☐ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:SITE NAME: SULLIVAN PRECISIONMETAL FINISHINGEPA ID NO: MOR 000 040 964**FORM
GM****U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2003 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form.

Sec. 1 A. Waste description <u>WASTE PAINT Related MATERIAL</u>			
B. EPA hazardous waste code <u>D001 D007</u> <u>D035 F003 F005</u>		C. State hazardous waste code _____	
D. Source code <u>G 06</u> Management Method code for Source code G25 <u>[H] [] [] []</u>	E. Form code <u>W 209</u>	F. Quantity generated in 2003 <u>8365</u>	G. UOM <u>5</u> Density <u>6.70</u> lbs/gal <input checked="" type="checkbox"/> sg

Sec. 2 Was any of this waste managed on site? (pages <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code <u>[H] [] [] []</u>	Quantity treated, disposed, or recycled on site in 2003 <u>[] [] [] [] [] [] [] [] [] []</u>	On-site Management Method code <u>[H] [] [] []</u>	Quantity treated, disposed, or recycled on site in 2003 <u>[] [] [] [] [] [] [] [] [] []</u>

Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1 <input checked="" type="checkbox"/>	B. EPA ID No. of facility to which waste was shipped <u>ARO 981 057 870</u>	C. Off-site Management Method code Shipped to <u>[H] 050</u>	D. Total quantity shipped in 2003 <u>8365</u>
Site 2	B. EPA ID No. of facility to which waste was shipped <u>[] [] [] [] [] [] [] [] [] []</u>	C. Off-site Management Method code Shipped to <u>[H] [] [] []</u>	D. Total quantity shipped in 2003 <u>[] [] [] [] [] [] [] [] [] []</u>
Site 3	B. EPA ID No. of facility to which waste was shipped <u>[] [] [] [] [] [] [] [] [] []</u>	C. Off-site Management Method code Shipped to <u>[H] [] [] []</u>	D. Total quantity shipped in 2003 <u>[] [] [] [] [] [] [] [] [] []</u>

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SULLIVAN PRECISIONMETAL FINISHINGEPA ID NO: MOR 000 040 964**FORM
GM****U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2003 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form.

Sec. 1 A. Waste description PAINT WASTE SOLIDS (N.O.S) POWDER
RESIDUE AND FILTER FROM SPRAY PAINT BOOTHSB. EPA hazardous waste code D007 F003D035 F005 NA

C. State hazardous waste code

D. Source code

LG 06

Management Method code for Source code G25

E. Form code

LW 310

F. Quantity generated in 2003

1725

G. UOM

☒

Density

1.1☐ lbs/gal ☒ sg**Sec. 2** Was any of this waste managed on site? (pages☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)**ON-SITE PROCESS SYSTEM 1**On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 200311725**ON-SITE PROCESS SYSTEM 2**On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 200311725**Sec. 3** A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste
was shippedARD 981 059 870C. Off-site Management Method
code Shipped to1250

D. Total quantity shipped in 2003

1725

Site 2

B. EPA ID No. of facility to which waste
was shipped1C. Off-site Management Method
code Shipped to1

D. Total quantity shipped in 2003

1

Site 3

B. EPA ID No. of facility to which waste
was shipped1C. Off-site Management Method
code Shipped to1

D. Total quantity shipped in 2003

1

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME:

Sullivan Precision

METAL FINISHING

EPA ID NO:

MDR 0000 040 964

FORM
GMU.S. ENVIRONMENTAL
PROTECTION AGENCY

2003 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form.

Sec. 1 A. Waste description

WASTE WATER TREATMENT Sludge

B. EPA hazardous waste code

F019 NA

NA NA NA

C. State hazardous waste code

D. Source code

G 23

Management Method code for Source code G25

E. Form code

W 504

F. Quantity generated in 2003

33
42868 yards

G. UOM

1

Density

lbs/gal

lbs/gal

Sec. 2 Was any of this waste managed on site? (pages

1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)

No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2003

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2003

H

33
42868 yards

Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)

1 Yes (CONTINUE TO BOX B) 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste
was shipped

ARC 981 057 870

C. Off-site Management Method
code Shipped to

H 1111

D. Total quantity shipped in 2003

42868
yards

Site 2

B. EPA ID No. of facility to which waste
was shipped

H

C. Off-site Management Method
code Shipped to

H

D. Total quantity shipped in 2003

H

Site 3

B. EPA ID No. of facility to which waste
was shipped

H

C. Off-site Management Method
code Shipped to

H

D. Total quantity shipped in 2003

H

Comments:

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OR ENTER:SITE NAME: Sullivan PrecisionMETAL FINISHINGEPA ID NO: MOR 000 040 964**FORM
GM****U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2003 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT**

Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form.

Sec. 1 A. Waste description <u>CORROSIVE SOLID NITRIC ACID Ammonium Hydrochloride</u>			
B. EPA hazardous waste code <u>D002</u> <u>MA</u> <u>MA</u> <u>MA</u> <u>MA</u>		C. State hazardous waste code _____	
D. Source code <u>G13</u> Management Method code for Source code G25 <u>H</u> _____	E. Form code <u>316</u>	F. Quantity generated in 2003 <u>1500</u>	G. UOM <u>3</u> Density _____ <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2 Was any of this waste managed on site? (pages 17 to 25)			
<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site Management Method code <u>H</u> _____	Quantity treated, disposed, or recycled on site in 2003 _____	On-site Management Method code <u>H</u> _____	Quantity treated, disposed, or recycled on site in 2003 _____

Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)			
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility to which waste was shipped <u>ARD 981 057 870</u>	C. Off-site Management Method code Shipped to <u>040</u>	D. Total quantity shipped in 2003 <u>1500</u>
Site 2	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to _____	D. Total quantity shipped in 2003 _____
Site 3	B. EPA ID No. of facility to which waste was shipped _____	C. Off-site Management Method code Shipped to _____	D. Total quantity shipped in 2003 _____

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Sullivan PrecisionMETAL FINISHINGEPA ID NO: MUR 000 640 964U.S. ENVIRONMENTAL
PROTECTION AGENCY

2003 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form.

Sec. 1 A. Waste description

CHROMIC Acid Solution WASTEB. EPA hazardous waste code 0002 0007MA MA MA

C. State hazardous waste code

D. Source code

G 15

Management Method code for Source code G25

E. Form code

W 113

F. Quantity generated in 2003

1375

G. UOM

5Density 1.18.6☒ lbs/gal ☒ sg

Sec. 2 Was any of this waste managed on site? (pages

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeHQuantity treated, disposed, or
recycled on site in 20031375

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeHQuantity treated, disposed, or
recycled on site in 20031375

Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)

☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)Site 1 B. EPA ID No. of facility to which waste
was shippedARD 981 657 870C. Off-site Management Method
code Shipped toH 121

D. Total quantity shipped in 2003

1375Site 2 B. EPA ID No. of facility to which waste
was shipped1375C. Off-site Management Method
code Shipped toH

D. Total quantity shipped in 2003

1375Site 3 B. EPA ID No. of facility to which waste
was shipped1375C. Off-site Management Method
code Shipped toH

D. Total quantity shipped in 2003

1375

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME:

Sullivan Precision

METAL FINISHING

EPA ID NO:

MOR 600 040 964

FORM
GMU.S. ENVIRONMENTAL
PROTECTION AGENCY

2003 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions on pages 17 to 25 of this booklet before completing this form.

Sec. 1 A. Waste description

PHOSPHATE FLUORIDE SOLUTION
WASTE CORROSIVE LIQUID HYDROFLUORIC ACID

B. EPA hazardous waste code

D002 MA

C. State hazardous waste code

D. Source code

G15

Management Method code for Source code G25

E. Form code

LW

F. Quantity generated in 2003

6500

G. UOM

5

Density

8.5

X lbs/gal ☐ sg

Sec. 2 Was any of this waste managed on site? (pages

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☒ 2 No (SKIP TO SEC. 3)

ON-SITE PROCESS SYSTEM 1

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2003

H

ON-SITE PROCESS SYSTEM 2

On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2003

H

Sec. 3 A. Was any of this waste shipped off site in 2003 for treatment, disposal, or recycling? (pages 25 and 26)

☐ 1 Yes (CONTINUE TO BOX B) ☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which waste
was shipped

APC 981 057 820

C. Off-site Management Method
code Shipped to

H121

D. Total quantity shipped in 2003

6500

Site 2

B. EPA ID No. of facility to which waste
was shippedC. Off-site Management Method
code Shipped to

H

D. Total quantity shipped in 2003

Site 3

B. EPA ID No. of facility to which waste
was shippedC. Off-site Management Method
code Shipped to

H

D. Total quantity shipped in 2003

Comments:

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OR ENTER:SITE NAME: SULLIVAN PRECISIONMETAL FINISHINGEPA ID NO: MOR 000 040 964U.S. ENVIRONMENTAL
PROTECTION AGENCY

2003 Hazardous Waste Report

FORM
WRWASTE RECEIVED
FROM OFF SITEDOES NOT APPLY TO SPMA

Instructions: Please see the detailed instructions on pages 26 to 29 of this booklet before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code _____ _____	C. State hazardous waste code _____ _____
	D. Off-site handler EPA ID number _____ _____	E. Quantity received in 2003 _____ _____	F. UOM Density _____ _____ □ 1 lbs/gal □ 2 sg
G. Form code [W]____		H. Management Method code [H]____	

Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code _____ _____	C. State hazardous waste code _____ _____
	D. Off-site handler EPA ID number □ Mark if same as in Waste 1 _____ _____	E. Quantity received in 2003 _____ _____	F. UOM Density _____ _____ □ 1 lbs/gal □ 2 sg
G. Form code [W]____		H. Management Method code [H]____	

Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code _____ _____	C. State hazardous waste code _____ _____
	D. Off-site handler EPA ID number □ Mark if same as in Waste 2 _____ _____	E. Quantity received in 2003 _____ _____	F. UOM Density _____ _____ □ 1 lbs/gal □ 2 sg
G. Form code [W]____		H. Management Method code [H]____	

Comments:

SITE NAME:

EPA ID NO:

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FORM
OI

NOT REQUIRED
OFF-SITE
IDENTIFICATION BY MO.

Site 1	A. EPA ID No. of off-site installation or transporter <div style="border: 1px solid black; height: 1.2em; width: 100%; margin-top: 5px;"></div>	B. Name of off-site installation or transporter <div style="border: 1px solid black; height: 1.2em; width: 100%; margin-top: 5px;"></div>
C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street <div style="border: 1px solid black; height: 1.2em; width: 100%; margin-top: 5px;"></div> City <div style="border: 1px solid black; height: 1.2em; width: 100%; margin-top: 5px;"></div> State <div style="border: 1px solid black; height: 1.2em; width: 10%; margin-top: 5px;"></div> Zip <div style="border: 1px solid black; height: 1.2em; width: 20%; margin-top: 5px;"></div> - <div style="border: 1px solid black; height: 1.2em; width: 10%; margin-top: 5px;"></div> <div style="border: 1px solid black; height: 1.2em; width: 10%; margin-top: 5px;"></div>

Site 2	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State <div></div> Zip <div></div> - <div></div>

Site 3	A. EPA ID No. of off-site installation or transporter <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	B. Name of off-site installation or transporter
	C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street <div></div> City <div></div> State <div></div> Zip <div></div> - <div></div>

Site 4	A. EPA ID No. of off-site installation or transporter <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	B. Name of off-site installation or transporter <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>
C. Handler type (MARK ALL THAT APPLY) <div style="margin-top: 10px;"> <input type="checkbox"/> Generator </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Transporter </div> <div style="margin-top: 10px;"> <input type="checkbox"/> TSDR facility </div>		D. Address of off-site installation <div style="margin-top: 10px;"> Street <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="margin-top: 10px;"> City <div style="border-bottom: 1px solid black; width: 100%;"></div> </div> <div style="margin-top: 10px;"> State <div style="border-bottom: 1px solid black; width: 50px;"></div> Zip <div style="border-bottom: 1px solid black; width: 100px;"></div> - <div style="border-bottom: 1px solid black; width: 50px;"></div> </div>

Page 11 of 11